

Figure 1: 25 TAC §157.125(s)

General (Level III) Trauma Facility Standards

A Level III Trauma Facility will be an active participant in its regional EMS/Trauma System.

A Level III Trauma Facility will have an established relationship with the tertiary trauma facility (ies) in the Trauma Service Area and/or others to which they transfer patients, to include written transfer agreements.

A Level III Trauma Facility will have an established relationship with the EMS providers who transport to the facility to facilitate adequate pre-arrival notification, appropriate documentation, and appropriate prehospital care.

A Level III Trauma Facility is available to care for all major and severe trauma patients 24 hours per day/seven days per week. Diversion of such patients to other facilities should be made rarely and only when resources are not available in the emergency department to stabilize and transfer these patients.

A Level III Trauma Facility will have documented appropriate transfer relationships the designated Level IV trauma facilities in the Trauma Service Area, to include written agreements and provision of feedback regarding transfers as part of the performance improvement program.

The severe or major trauma patient will be met on arrival at the Emergency Department by a team of health care professionals, to include a surgeon, with documented ongoing education and skill in the assessment and care of injuries. The emergency physician will direct the resuscitation until the arrival of the general surgeon.

Persons who have been involved in a high energy event which results in a high index of suspicion for severe or major injury should be evaluated expeditiously upon arrival by the emergency physician to determine if a surgical consult is necessary.

The severe or major trauma patient will be rapidly assessed, resuscitated, and stabilized according to ATLS/TNCC standards.

The patient will be treated per established trauma care standards and protocols within the capability of the facility.

Disposition decisions will be made expeditiously by a physician at the hospital and preparations for transfer or admission begun as soon after arrival at the facility as possible.

Severe or major trauma patients who are inappropriately retained longer than 2 hours will receive the same level of care as the highest available within the Trauma Service Area.

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Trauma patients will be cared for by health care professionals with documented education and skill in the assessment and care of injuries throughout their hospital stay.

All severe or major trauma patients' charts will be reviewed by the hospital for appropriateness and quality of care provided by the hospital. Deviations from standard will be addressed through a documented trauma performance improvement process.

The state data set essential items will be electronically submitted to the state trauma registry on at least a quarterly basis, either directly or through a regional registry.